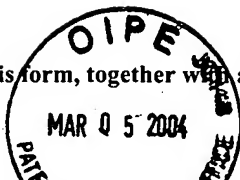


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
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7590

01/29/2004

William W. Jones
 6 Juniper Lane
 Madison, CT 06443

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/053,946	01/24/2002	Richard Torres	H-1359	5951

TITLE OF INVENTION: CONTROL FOR COMPLETE BLOOD COUNT ANALYSIS SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1,330	\$300	\$1,630 \$1,630	04/29/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
LANKFORD JR, LEON B	1651	436-016000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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ROBERT A. LEVINE
 STEPHEN C. WARDLAW

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

GUILFORD, CT
 LYME, CT

Please check the appropriate assignee category or categories (will not be printed on the patent); ☒ individual ☐ corporation or other private group entity ☐ government

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(Date)

William W. Jones 3-1-04

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03/09/2004 HGUTEN2 00000047 10053946

01 FC:1501
 02 FC:1504
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1330.00 OP
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